

TRICARE Pharmacy Program Medical Necessity Form for Cymbalta (Duloxetine)

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This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Formulary antidepressants include Effexor / Effexor XR (venlafaxine); citalopram, fluoxetine, paroxetine immediate release, and Zoloft (sertraline); bupropion immediate/sustained release; mirtazapine; and nefazodone.
- Cymbalta is non-formulary, but available to most beneficiaries at a \$22 cost share. Other non-formulary antidepressants are Lexapro, Paxil CR, Prozac Weekly, Sarafem, and Wellbutrin XL.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Cymbalta at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Cymbalta *instead of a formulary medication* is medically necessary. If Cymbalta is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for Cymbalta unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/>	MTF	<ul style="list-style-type: none"> Non-formulary medications are available at MTFs only if both of the following are true: <ul style="list-style-type: none"> The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. The non-formulary medication is determined to be medically necessary. Please contact your local MTF for more information. There are no cost shares at MTFs.
	<ul style="list-style-type: none"> The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 OR The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 		<ul style="list-style-type: none"> The provider may call: 1-866-684-4488 OR The completed form may be faxed to 1-866-684-4477 		

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID #: _____	Phone #: _____
	Secure Fax #: _____

Step 2 Please explain why the patient cannot be treated with a formulary medication.

- What is the patient being treated for?
 - ☐ Depression or another psychiatric condition – please go to Question 2
 - ☐ Neuropathic pain – please go to Question 4 (on the second page)
 - ☐ Fibromyalgia – please go to Question 5 (on the second page)

Depression or another psychiatric condition

(Note: an adequate trial is in general considered to be at least 6 weeks in duration.)

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| 2. Does the patient require treatment with a SNRI (e.g., due to failure of SSRI therapy)? | <input type="checkbox"/> Yes
Please go to Question 3 | <input type="checkbox"/> No
Please go to Question 6 |
| 3. Is the patient being treated for depression or another psychiatric condition and has the patient failed an adequate trial of the formulary SNRI venlafaxine (Effexor or Effexor XR), been unable to tolerate venlafaxine, or have a contraindication that precludes taking venlafaxine? Please explain below: | <input type="checkbox"/> Yes
Please explain below, then go to Step 3 at the bottom of page 2 (sign and date) | <input type="checkbox"/> No
Please go to Question 6 |

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Neuropathic pain			
4. Is the patient being treated for neuropathic pain and has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking at least one medication from at least two of the following four drug classes? Please explain below.		<input type="checkbox"/> Yes Please explain below, then go to Step 3 (sign and date).	<input type="checkbox"/> No Please go to Question 6
Class (example)	Explanation - describe the therapeutic failure, intolerance, or contraindication		
tricyclic antidepressants (e.g., amitriptyline)			
SNRI antidepressants (venlafaxine)			
anticonvulsants (e.g., gabapentin)			
opioids (e.g., tramadol)			
Fibromyalgia			
5. Is the patient being treated for fibromyalgia and has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking at least one medication from at least two of the following four drug classes?		<input type="checkbox"/> Yes Please explain below, then go to Step 3 (sign and date).	<input type="checkbox"/> No Please go to Question 6
Class (example)	Explanation - describe the therapeutic failure, intolerance, or contraindication		
tricyclic antidepressants (e.g., amitriptyline)			
SSRIs (e.g., fluoxetine)			
tricyclic muscle relaxants (cyclobenzaprine)			
opioids (e.g., tramadol)			
Question 6			
6. Has the patient has previously responded to Cymbalta, and changing to a formulary medication would incur unacceptable risk? (e.g., patient is currently stabilized on therapy and changing to a formulary medication would present a risk of destabilization.) Please explain below, then sign & date at the bottom of the page.			

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

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Prescriber Signature

Date